EXHIBIT 9

This exhibit addresses these components as presented in this project's Logic Model:

- *Case Management-Frail elderly persons eligible for ALF unit*
- *Case Management- Frail elderly persons in need of units and services*
- *Case Management-Coordinate assisted living services*
- *Case Management-Provide assisted living services*
- *Housing-Units receiving services-Planned*
- *Nutrition- Meals provided in central dining room*
- *Nutrition- Residents obtain meals in central dining room*
- *Case Management- Linkages provided to residents- Persons*
- *Case Management- Residents link to services- Services*
- *Housing-Units Receiving services- Actual*
- *Case Management- Avoidance of placement into long-term care facility*
- *Housing-Provide commitment and financial support letters from funding and licensing agencies*

EXHIBIT 9 *Supportive Services Plan (SSP)*

(a) A description of the supportive services needed for the frail elderly the ALF is expected to serve. This must include at least

(1) meals and other supportive services required locally or by the state, and

(2) such optional services or care to be offered on an "as needed" basis

Portage Trail Village (PTV) was built in 1967 as independent housing for elders in the Greater Cuyahoga Falls area. Since then residents have been aging in place, and consequently they need assistance with activities of daily living to remain in their living environment. The average resident is 83 years old. In addition, our admission trends show an increasingly older applicant pool.

In order to meet the needs of our residents, we have responded with an ever-increasing array of service initiatives including assisted living services. Currently there are 126 residents (65 % of our total tenant population) who are at risk and need assisted living services. The target population that we expect to serve in the newly converted Assisted Living Facility (ALF) will consist of the following:

- Elders currently at PTV and needing assisted living services.
- Residents who presently live independently within our other Section 202 projects who are aging in place and may eventually need ALF services.
- Elders who, at present, live in the community in their own homes but will need access to affordable assisted living services in the future.

The following services have been identified as those needed by the frail elders that our ALF is expecting to serve:

Service Coordination

PTV has had a HUD funded service coordinator through the HUD budget to assist our frail residents. The role of the service coordinator is determined by the HUD service coordinator guidelines and the State of Ohio's Assisted Living Regulations, which requires that an ALF have a service coordinator on site. The

service coordinator works as a "gatekeeper" in identifying and assisting residents in securing community based services as well as in determining if residents are eligible for the Assisted Living Medicaid Waiver Program (ALMWP) or in need of assisted living services to remain at PTV. Furthermore, the Service Coordinator works closely with the registered nurse, case manager and the social worker as part of the interdisciplinary team to review and revise the service plan.

Personal Care

Personal Care consists of supervision of and assistance with Activities of Daily Living (ADL) such as bathing, dressing, and ambulation and Instrumental Activities of Daily Living (IADL) such as laundry, housekeeping, and socialization. These services will be available 7 days a week.

Medication Management

As specified by individual plans of care and on-going assessment, each resident will be provided with a Self-Administered Medication Management plan. This plan will include reminding residents to take medication, opening containers for residents, opening prepackaged medication for residents, reading the medication label to residents, observing residents while they take medication, checking the self-administered dosage against the label of the container, reassuring residents that they have obtained and are taking the dosage as prescribed and documenting in writing an observation of each resident's actions regarding the medication.

Emergency Response

Provision of the following emergency response plans:

- 24 hour a day on-site staff to respond to the needs of the ALF residents.
- For each individual receiving assisted living services there will be a personal emergency response system that will be maintained by the private organization specializing in this product.
- Emergency monitoring system centralized to the assisted living staff offices.
- Wandering alarm bracelet (or similar system such as a door monitoring) system for cognitively impaired residents.
- Emergency pull cords in all bedrooms and bathrooms.

Meals

PTV will have available on-site, 3 meals a day including: continental breakfast and full hot lunch served in our community dining room. The service plan for those paying privately includes one main meal daily with an option to purchase the continental breakfast.

Transportation

Transportation will be available for a broad range of purposes to the residents of PTV. Arrangements will be coordinated with the Area Agency on Aging van, and their local vender, and other local providers. The fees for personal and medical transportation will be set forth by the individual provider.

Optional Services

Personal Care

Personal Care consists of supervision of and assistance with Activities of Daily Living (ADL) such as bathing, dressing, and ambulation and Instrumental Activities of Daily Living (IADL) such as laundry, housekeeping, and socialization. These services will be available 7 days a week.

Transportation

Transportation Service is provided through the Area Agency on Aging as well as through the City program.

Meals

The ALF will have available on-site, 3 meals a day including: continental breakfast served in our country kitchen, and lunch and supper served in our spacious dining room.

Housekeeping

The housekeeping service includes cleaning the apartments, doing laundry, and shopping. This service can be purchased on an hourly basis.

Meeting State Regulatory Requirements

As stated in the letter from the Ohio Department of Health, the services described in our Supportive Service Plan are in compliance with the Ohio laws and regulations pertaining to assisted living facilities.

Attached please find the letter from the Ohio Department of Health.

OHIO DEPARTMENT OF HEALTH

October 8, 2009

Daniel Fagan, LSW, PSC
Director, Housing Enriched Services
National Church Residences
2233 North Bank Drive
Columbus OH 43220

Re: Portage Trails

Dear Mr. Fagan:

Kathy Locke, your Vice President of Clinical Services, has asked me for a letter of support to convert additional apartments to independent living facility, Portage Trail Village in Cuyahoga Falls, Ohio.

Because the Ohio Department of Health licenses residential care facilities, commonly know as assisted living facilities, issuing a letter of support constitutes a conflict of interest. Although we license your skilled nursing facility, Traditions of Bath Road, we have not inspected Portage Trail Village because it has been an independent living facility and was not required to be licensed.

If Portage Trail Village applies for a license as a residential care facility, as defined by section 3721.01 of the Ohio Revised Code, the Director of Health will issue a license to the facility if he determines that the facility meets the requirements of the residential care facility licensing laws and rules, the Ohio Building Code and the Ohio Fire Code. This determination will be made after Portage Trial Village applies for a license and undergoes an initial licensing inspection.

Please contact me at (614) 466-7857 if you have any further questions.

Sincerely,

Rebecca S. Maust, Chief
Division of Quality Assurance
Ohio Department of Health

EXHIBIT 9 *Supportive Services Plan (SSP)*

(b) A description of how you will provide the supportive services to those who are frail and have disabilities (i.e., on or off-site or combination of on or off-site), including an explanation of how the service coordination role will facilitate the adequate provision of such services to ALF residents, and how it will be funded, and how the services will meet the identified needs of the residents. Also indicate how you intent to fund the service coordinator role.

Portage Trail Village (PTV) in order to meet the growing needs of residents as well as to address the issues of aging in place, will establish a partnership with the National Church Residences Health Care (NCRHC) to provide assisted living services to the proposed assisted living units. NCRHC has experience in providing assisted living services to low and moderate income elders. This allows them to remain in a non-institutional setting for as long as possible. Many of these services will be provided by NCRHC. NCRHC is qualified to provide an array of services, such as service coordination, meals, transportation, social activities, social work, and personal care services. As indicated earlier, approximately 65% of our residents are in need of activities of daily living assistance.

The assisted living services program will utilize an Interdisciplinary Team approach to screen applicants for eligibility and appropriateness into the Assisted Living Facility. The Interdisciplinary Team will review screens for Assisted Living Facility (ALF) admissions. The team is comprised of a Licensed Nurse, Food Service, and Care Manager/social worker. The interdisciplinary team members meet weekly to review new applicants as well as to review current residents' service plans on a semi-annual basis.

Below is the list of services and the manner in which the services will be provided to residents in the assisted living units.

Service Coordination

PTV has had a HUD funded service coordinator through the HUD budget to assist our frail residents. The role of the service coordinator is determined by the HUD service coordinator guidelines and the State of Ohio's Assisted Living Regulations, which requires that an ALF have a service coordinator on site. The service coordinator works as a "gatekeeper" in identifying and assisting residents in securing community based services as well as in determining if residents are eligible for Assisted Living Medicaid Waiver Program (ALMWP) or in need of assisted living services to remain at PTV. Furthermore, the Service Coordinator works closely with the registered nurse, case manager and the social worker as part of the interdisciplinary team to review and revise the service plan. A primary function of the SC will be to assist residents in applying for the Medicaid waivers for assisted living services in the State of Ohio. We plan to train the service coordinator specifically on the 15 page assessment tool that is currently being utilized by the State of Ohio. The SC will assist the residents in finding services that are not traditionally part of the assisted living program such as 1.) non-medical transportation; 2.) durable medical equipment; 3.) senior fraud prevention; 4.) prescription drug benefit programs; 5.) family resources; 6.) computer learning centers and 7.) educational programming.

Personal Care

Personal Care consists of supervision of and assistance with Activities of Daily Living (ADL) such as bathing, dressing, and ambulation and Instrumental Activities of Daily Living (IADL) such as laundry, housekeeping, and socialization. These services will be available 7 days a week.

Medication Management

As specified by individual plans of care and on-going assessment, each resident will be provided with a Self-Administered Medication Management plan. This plan will include reminding residents to take medication, opening containers for residents, opening prepackaged medication for residents, reading the medication label to residents, observing residents while they take medication, checking the self-administered dosage against the label of the container, reassuring residents that they have obtained and are taking the dosage as prescribed and documenting in writing an observation of each resident's actions regarding the medication.

Emergency Response

Provision of the following emergency response plans:

- 24 hour a day on-site staff to respond to the needs of the ALF residents.
- For each individual receiving assisted living services there will be a personal emergency response system that will be maintained by the private organization specializing in this product.
- Emergency monitoring system centralized to the assisted living staff offices.
- Wandering alarm bracelet (or similar system such as a door monitoring) system for cognitively impaired residents.
- Emergency pull cords in all bedrooms and bathrooms.

Meals

PTV will have available on-site, 3 meals a day including: continental breakfast and full hot lunch served in our community dining room. The service plan for those paying privately includes one main meal daily with an option to purchase the continental breakfast.

Transportation

Transportation will be available for a broad range of purposes to the residents of PTV. Arrangements will be coordinated with the Area Agency on Aging van, and their local vender, and other local providers. The fees for personal and medical transportation will be set forth by the individual provider.

Service Plan

The ALF Supportive Service Coordinator will develop and maintain together with each resident and/or his/her legal representative an individualized plan that is confidential and describes in lay terms the service needs of the resident and each party's responsibilities. An initial service plan will be developed prior to a resident's entry to the assisted living facility. All plans will be in writing signed and dated by the resident and/or his/her legal representative and reviewed/reassessed at least every 6 months or when a resident's health status or family circumstances change. A copy of the service agreement will be given to the participant. The service plan shall include both the core service package included in the monthly fee and any additional services that are arranged for or purchased by the resident. The service plan will include the following:

- The specific types of services provided

- Identification of the providers of such services
- The frequency and duration of services
- Payment/reimbursement source for such services
- Details of the manner in which the facility shall provide for the presence of a 24 hour per day, on site staff capability and the manner in which the facility will provide for personal emergency response devices or procedures.
- And, for residents with dementia/cognitive impairments, how the facility will address the specialized needs of these clients.
- Information on how the Self-Administered Medication Management policy will be implemented for that specific resident given his/her needs.
- Money management and other financial arrangements will be made with an independent party if necessary.
- In compliance with 651 CMR 12.04 (5)(c)

Funding Structure

Assisted living services are funded primarily through two funding sources:

1. Assisted Living Medicaid Waiver Program (ALMWP)
2. Private pay for needed services.

A copy of the Supportive Services Budget outlining the various funding streams follows this exhibit. Please see Exhibit 9(d) for detailed information for the assisted living program fee structure.

Interdisciplinary Team

PTV will utilize an Interdisciplinary Team approach to screen applicants for eligibility and appropriateness into the Assisted Living Facility. The Interdisciplinary Team will screen for Assisted Living Facility (ALF) admissions. The team is comprised of a Program Manager, R.N, and Service Coordinator. PTV's Administrator/Program Director will be responsible for coordinating and overseeing the Interdisciplinary Team. Furthermore, the team will determine the service plans for individual residents and review and revise the service plans on an as needed basis.

Please find the attached support letter from the Department of Health.

Assisted Living Conversion Program
Supportive Services Budget

Revenue

MEALS SERVICES REVENUE		
Resident Contribution (Private Payments)	$	85,410
Federal Grant	$	
State Program	$	99,645
Private Grant Donations	$	
Total Revenue - Meals	$	185,055
HOUSEKEEPING AND PERSONAL SERVICES REVENUE		
Resident Contribution (Private Payments)	$	
Federal Grant (CHSP)	$	
State Program (Medicaid Programs/Enhanced Community Living)	$	740,220
Private Grants/Donations	$	
Total Revenue - Housing and Personal Care Services	$	740,220
TOTAL: ASSISTED LIVING SERVICES REVENUE	$	925,275

Expenses

MEALS EXPENSES		
Total Food Cost (raw food and labor)	$	177,938
Total Expenses - Meals	$	177,938
HOUSEKEEPING AND PERSONAL SERVICES EXPENSES		
Salaries & Benefits	$	711,750
Monitoring/Alarm Systems (Life line)	$	
Total Expenses - Housekeeping and Personal Care Services	$	711,750
MISCELLANEOUS SERVICES EXPENSES		
Supplies	$	10,000
Transportation	$	15,000
Activities	$	10,000
Total Expenses - Miscellaneous Services	$	35,000
TOTAL: ASSISTED LIVING SERVICES EXPENSES	$	924,688

OHIO DEPARTMENT OF HEALTH
246 North High Street
Columbus, Ohio 43215
www.odh.ohio.gov
Ted Strickland, Governor
Alvin D. Jackson, M.D., Director of Health

October 8, 2009

Daniel Fagan, LSW, PSC
Director, Housing Enriched Services
National Church Residences
2233 North Bank Drive
Columbus OH 43220

Re: Portage Trails

Dear Mr. Fagan:

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If Portage Trail Village applies for a license as a residential care facility, as defined by section 3721.01 of the Ohio Revised Code, the Director of Health will issue a license to the facility if he determines that the facility meets the requirements of the residential care facility licensing laws and rules, the Ohio Building Code and the Ohio Fire Code. This determination will be made after Portage Trial Village applies for a license and undergoes an initial licensing inspection.

Please contact me at (614) 466-7857 if you have any further questions.

Sincerely,

Rebecca S. Maust, Chief
Division of Quality Assurance
Ohio Department of Health

EXHIBIT 9 *Supportive Services Plan (SSP)*

(c) Describe how the operation of your ALF will work. Address:

(1) general operating procedures;

(2) ALF philosophy and how it will promote the autonomy and independence of the frail elderly and persons with disabilities;

(3) what the service coordination function will do and the extent to which this function already exists, or will be augmented or new;

(4) ALF staff training plans;

the degree to which and how the ALF will relate to the day-to-day operations of the rest of the project

(5) the degree to which and how the ALF will relate to the day-to-day operations of the rest of the project.

(1) General Operating Procedures

Portage Trail Village (PTV) has in place an Admission Committee whose function is to screen and approve housing applicants based upon Section 236/8 parameters in accordance with an approved tenant selection plan, including those who would be coming in as Assisted Living Facility (ALF) residents. Additionally, our assisted living services program utilizes an Interdisciplinary Team approach to screen applicants for eligibility and appropriateness into the Assisted Living Facility. The Interdisciplinary Team will screen for ALF admissions. The team is comprised of a licensed nurse, Service Coordinator, and the Program Manager.

Resident Record

The assisted living program will maintain a confidential record on each resident. The record will be stored in the assisted living staff offices and will be locked whenever a staff member is not present. The resident and/or his/her legal representative shall have access to the record upon request to the assisted living director or designee. The record shall contain the following articles:

- Resident functional/psycho-social assessment
- Program agreement
- Medical Evaluation stating resident's appropriateness for assisting living, list of all medications, diet, allergies, and any special care needs
- Progress notes
- Physician orders, including copies of all prescriptions, a Face sheet with demographic data and all necessary contacts and phone numbers
- Advance Directives, and Do Not Resuscitate orders.
- Incident reports regarding injuries, elopements, abuse of any kind, or any unusual occurrences involving the resident
- Copies of any durable power of attorney and health care proxy documentation

Personnel Record Requirement

Personnel records shall be kept in the Human Resources Department. Assisted living staff records shall include all items as outlined:

- Job description
- Educational preparation and work experience
- Current licensure or Certification, if applicable
- Documentation of Personnel Orientation
- Documentation of annual performance evaluation
- Documentation of on-going staff training
- Verification of employment history
- Criminal Background check

It will be the responsibility of the assisted living director or designee to ensure that all items outlined are present and routinely updated on the employee's record.

Staffing

The ALF staff will be fully compliant with Ohio State regulations for assisted living facilities. Attached please find the Administrative manual that is consistent with the State of Ohio's licensing requirements.

(2) ALF Philosophy Statement

The operating philosophy of PTV Assisted Living program will maintain a "Person Centered Care" model that offers a home-like environment with the availability of supportive and health-related services to meet scheduled and unscheduled needs, twenty-four hours a day. Assisted living is viewed as the consumer's home, and as such includes the amenities that people generally expect in a residence, including a door that locks, a private bathroom, temperature control, a food preparation area, and the freedom to make choices about the types of services that are available. This model promotes the independence, dignity, privacy, decision-making, and autonomy of residents, and supports aging in place.

PTV recognizes that seniors need and desire a unique combination of housing and personalized supportive services. Healthcare staff will be available to offer assisted living services. This "person centered care" philosophy will have the objective of helping our seniors achieve the highest possible standard of living while continuing to live in their apartments. Person centered care will help seniors to preserve life-long patterns, and go about their daily activities in a way that feels and is "at home". The following principals of care are the foundation for services provided by Portage Trail Village:

- Fostering independence for each resident
- Treating each resident with dignity and respect
- Promoting the individuality of each resident
- Allowing each resident choices in care and lifestyle
- Protecting each resident's right to privacy
- Involving family and friends in sharing the responsibility of care decisions
- Providing a safe residential environment
- Making the facility a valuable community asset
- Provide Highly Trained Compassionate staff
- Provide the right to voice or file grievances.
- Manage your own personal funds
- Retain and use your personal possessions
- Have freedom of religion
- Be informed of services available and the limitations of those services

Our residents are the most important part of what we do. They deserve the most courteous and attentive treatment we can give them. We want to always offer quality care to our resident. We must always treat all of our residents with the respect and dignity they deserve to make them feel special and genuinely appreciated. It is our goal to make every resident feel at home when they choose Portage Trail Village Assisted Living.

To promote autonomy and independence, the facility will have common areas accessible to the resident, including dining areas and an activity center. Each resident will have their own residential living unit. The living units will be (1) single occupancy (2) be able to be locked by the consumer unless contra-indicated in writing by the consumer's physician; (3) Include a bathroom with a working toilet, sink, and shower and, (4) include identifiable space for socialization.

(3) Service Coordination

The Service Coordinator works as a "gatekeeper" in identifying and assisting residents in securing community based services as well as in determining if residents are eligible for the Assisted Living Medicaid Waiver Program or in need of home care services to remain at PTV. Furthermore, the Service Coordinator works closely with the licensed nursing staff and care manager technician as part of the interdisciplinary team to review and revise the service plan. Coordinator will be responsible for updating all the service plans and reviewing each plan with the resident.

(4) ALF staff training plans

As required by the State of Ohio assisted living regulations, prior to active employment, all staff direct contact with residents and all food service personnel will receive orientation which includes the following topics:

- Philosophy of independent living in an Assisted Living Residence
- Residents' Bill of Rights
- Elder Abuse, Neglect and Financial Exploitation
- Safety and Fire and Disaster plan
- Communicable diseases, including AIDS/HIV and Hepatitis B; infection control in the residence and the principles of universal precautions based on OSHA Guidelines
- Communication skills
- Review of the aging process
- Dementia/cognitive impairment
- Resident health and related problems
- General overview of the job's specific requirements
- Sanitation and food safety
- Medication Assistance Policies and Procedures
- Organizational structure
- Ethical and anti-fraud policies
- HIPPA regulations and compliance policies

Additionally, all NCRHC staff must undergo a criminal background check and drug screen prior to receiving a job offer.

(5) ALF relative to Day to Day Operations:

National Church Residences (NCR), the sponsor of PTV, has been caring for the elderly for more than 47 years. In addition to providing low income housing for the elderly, NCR provides nursing home care and private pay assisted living. As part of our mission of caring for the elderly, we intend to create affordable assisted living at PTV Apartments. By developing the ALF, PTV will have met its commitment to create a complete continuum of care for low income elders.

PTV Apartments has successfully provided services for frail residents by linking services from community organizations. These services have been provided to

frail elders in their own apartments. If we are successful in obtaining this funding to convert, the assisted living services will be provided in these 39 units. Residents needing assisted living services may be required to move to the designated units within the building to receive these services. This will allow PTV to more efficiently monitor the residents who need supervision. The Service Coordinator will play a critical role in addressing the needs of our tenants. The Service Coordinator in conjunction with the inter-disciplinary team will identify those tenants who qualify for the assisted living services and assist them to transition into the ALF.

Independent residents would also benefit from having an enhanced and expanded assisted living program on site. The ability to offer ADA compliant units to program participants through renovations under the Assisted Living Conversion Program Grant will improve the overall safety of the frail elderly residing in these units, make them more user friendly, and allow care and services to be provided in a more efficient manner. Some other ways residents would benefit from an expanded and enhances assisted living program are through having the option to both purchase optional services on an as needed basis and participate in social and recreational activities. For example, independent residents may choose to purchase meals, housekeeping, and laundry on a fee for service basis.

Attached please find the NCRHC's employee manual that is consistent with the State of Ohio's licensing requirements.

Attached please find Job Descriptions for the Charge Nurse, the Nursing Assistant, the Universal Worker and the Cook.

National Church Residences Healthcare

Clinical Administrative Manual

Assisted Living

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Abuse, Neglect, Mistreatment and/or Misappropriation of Resident Property
Assisted Living

POLICY

Traditions will not tolerate mistreatment, abuse, neglect or exploitation of its residents or misappropriation of resident property by anyone. It is the facility's policy to investigate all allegations, suspicions and incidents of abuse, mistreatment, neglect and the misappropriation of resident property, and report the results of any such investigation as required by law.

It is the policy of Traditions that only the Administrator, Director of Nursing, and/or Designee shall perform investigative functions on behalf of the facility. The Administrator and/or Director of Nursing shall investigate all allegations, suspicions and incidents of abuse, mistreatment, neglect and misappropriation of resident property, and report the results of any such investigation as required by law.

Residents, interested family members, or other persons may contact any member of Administration or the facility's nursing staff at any time with concerns relating to the abuse, mistreatment, or neglect of a resident, or the misappropriation of a resident's property. In addition, such persons may file a grievance with Traditions or with the Ohio Department of Health concerning any instance or suspicion of resident abuse, mistreatment, neglect, or misappropriation of resident property.

DEFINITIONS

Abuse. Under federal law, "abuse" means "the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish." Under Ohio law, "abuse" means "knowingly causing physical harm or recklessly causing serious physical harm to a resident by physical contact with the resident or by use of chemical restraint, medication, or isolation as punishment, for staff convenience, excessively, as a substitute for treatment, or in amounts that preclude habilitation and treatment."

Misappropriation. Under federal law, "misappropriation" means "the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent." Under Ohio law, "misappropriation" means "depriving, defrauding, or otherwise obtaining the real or personal property of a resident by any means prohibited [under Ohio law]."

Neglect. Under federal law, "neglect" means "failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness." Under Ohio law, "neglect" means "recklessly failing to provide a resident with any treatment, care, goods, or service necessary to maintain the health or safety of the resident when the failure results in serious physical harm to the resident."

Mistreatment. Neither Ohio law nor Federal law currently defines mistreatment. However, Traditions considers "mistreatment" to be the equivalent of abuse. Thus, the definitions under "abuse" shall apply to "mistreatment" as well.

PROCEDURE

Screening

It is the policy of Traditions to undertake background checks of all employees/volunteers and to retain on file applicable records of current employees/volunteers regarding such checks.

1. Traditions will do the following prior to hiring a new employee:
   - Attempt to obtain references from prior employers for an applicant;
   - Check with the Ohio nurse assistant registry, and any other nurse assistant registries that Traditions has reason to believe contain information on an individual, prior to using the individual as a nurse assistant;
   - Check with all applicable licensing and certification authorities to ensure that employees hold the requisite license and/or certification status to perform their job functions;
   - Conduct a criminal background check in accordance with Ohio law and Tradition's policy; and
   - Verify that the applicant is not excluded from any federally-funded health care programs.
2. Traditions will require that all potential employees/volunteers certify as part of the employment application process that they have not been convicted of an offense or otherwise been found guilty of an offense that would preclude employment in a nursing facility.
3. It is the ongoing obligation of all employees/volunteers to alert Traditions of any conviction or finding that would disqualify them from continued employment with Traditions under state or federal law, or the facility's policies.
4. If Traditions enters into a contract for the use of temporary ("agency") employees, then it will require the organization providing such employees to conduct the background checks noted in #1, above, and to certify that it will not provide any temporary employees that do not have the requisite licensure or certification, are prohibited from working in a nursing facility under Ohio's criminal background law, or are excluded from any federally-funded healthcare program.

Training

Traditions will educate its staff (including any temporary employees) upon orientation and periodically thereafter regarding the facility's policy concerning abuse, mistreatment, neglect and misappropriation of resident's property and how to handle resident-to-resident abuse and injuries of unknown source.

These training sessions will include the following topics: how to identify abuse, neglect or misappropriation of resident property, how staff should report their knowledge related to allegations without fear of reprisal, and how to recognize signs of burnout, frustration and stress, and appropriate interventions to deal with aggressive and/or catastrophic reactions of residents. ("Catastrophic reactions" mean extraordinary reactions of residents to ordinary stimuli, such as the attempt to provide care.) Traditions will provide some content on prevention, detection, and handling of abuse, neglect and misappropriation of resident funds at quarterly staff in-services.

Traditions will also educate its residents and families upon admission and as necessary thereafter regarding this policy, and how the resident and family may report any suspected abuse, neglect or misappropriation of resident property.

Response to Allegations or Suspicions of Abuse, Mistreatment, Neglect and/or Misappropriation of Resident Property

1. Protect the Resident

   - If the resident is injured. The facility shall take immediate action to treat the resident.

     A. Staff shall report all incidents immediately to their direct supervisors.

     B. Staff is not to leave a resident unattended unless it is absolutely necessary to summon assistance

     C. Staff is not to move the resident until he/she has been assessed by a nurse for possible injuries.

     D. A nurse should perform an initial assessment of the resident. The assessment should generally include the following: (1) range of motion (ROM); (2) full body assessment for signs of injury; and (3) vital signs.

     E. The nurse shall contact the resident's attending physician and responsible party.

F. If appropriate, the facility shall send the resident to the hospital for an examination.

- If a staff member is accused or suspected. If a staff member is accused or suspected of abuse, mistreatment, neglect or misappropriation of resident property, Traditions shall remove that staff member through temporary suspension pending the result of the facility's investigation.

- If a third party is accused or suspected. If a person not on staff is accused of abuse, mistreatment, neglect or misappropriation of resident property, Traditions will take action to protect the resident including, but not limited to, contacting the third party and addressing the issue directly with him/her, preventing access to resident during the investigation, and/or referring the matter to the appropriate authorities.

2. Document
   - Nurses' Notes. Documentation in the nurses' notes should include a concise notation of the incident/accident, results of the resident's ROM, body assessment, vital signs, notification of physician and family, and remedial measures and/or treatments.

   - Incident/Accident Report and Investigation Form. The charge nurse will initiate the completion of *Incident and Accident Report and Investigation Form* immediately upon the identification of an alleged abuse, neglect, mistreatment, or misappropriation of property.

   - Notification of Managers. The charge nurse will notify the Nurse Supervisor who will in turn immediately inform the Administrator and Director of Nursing of the alleged allegation.

3. Notify

   A. All allegations of abuse, mistreatment, neglect and misappropriation of resident property must be reported to the Administrator immediately, *i.e.*, as soon as possible within 24 hours.

   B. When an allegation is received, the facility will complete the *Facility Incident Report – Ohio Department of Health* as follows:

      - Section I – Type of report being sent to the Ohio Department of Health (ODH).

         A. Immediate Report (within 24 hours)

B. Final Report (within 5 days)
C. Both (if the full investigation is completed within the initial 24 hour reporting period).

- Section II – Complete the facility identification information.

- Section III – Check the box noting that the incident rises to the level of a reportable offence and is actively being investigated by this facility.

- Section IV – Check the type of alleged incident. If none of the boxes are appropriate, then the "Other" box will be checked and the type of alleged incident will be written in the space provided.

- Section V – Check the appropriate box noting the source of the allegation or suspicion. If none of the boxes are appropriate, then the "Other" box will be checked and the source of the allegation or suspicion will be written in the space provided.

C. The *Facility Incident Report - Ohio Department of Health* will be sent via facsimile to the Bureau of Long Term Care Quality District Office for your respective facility. The report must be sent as soon as possible but no later than twenty four (24) hours after the discovery of the alleged incident.

1. **Akron District Office Telefax: 330-643-1335**
   Ocasek Bldg., Suite 400, 161 S. High St., Akron, Ohio 44308-1612. Telephone: 330-643-1300;

2. **Columbus District Office Telefax: 614-752-8885**
   246 North High Street, Columbus, Ohio 43216-0118. Telephone 614-466-5357.

D. If appropriate the Administrator or the DON shall notify the social services department of the incident so that it may take appropriate interventions to care for the psychosocial needs of any involved resident.

E. The nurse supervisor shall notify the resident's responsible party of the incident, and the resident's attending physician, if appropriate.

4. Investigate

Once the Administrator and ODH are notified, a quality assurance investigation of the allegation or suspicion will be conducted. The investigation should be documented using the quality assurance forms adopted by the facility. Incidents

involving signs of physical injury should be reported to the Corporate Risk Manager for appropriate legal intervention.

A. Time frame for investigation. The investigation shall be completed, whenever practical within twenty-four (24) hours after the Administrator is notified , but in no event shall the investigation take longer than five (5) working days.

B. Investigation protocol. The person investigating the incident shall take the following actions:

Interviews should be conducted one on one in a secured area where others can not overhear the content of those interviews. Interviews should focus on open ended questions whenever possible. Information about the event should not at any time be shared with other employees.

- Interview the resident, the accused, and all witnesses. Witnesses shall include anyone who: (1) witnessed or heard the incident; (2) came in close contact with either the resident the day of the incident (including other residents, family members, etc.); and (3) employees who worked closely with the accused employee(s) and/or alleged victim the day of the incident.

- Orally interview the witnesses and resident and write a summary of what was reported. Obtain a written statement from the accused.

- All employees/volunteers present during the alleged time frame should be questioned and asked about their knowledge, if any of the event.

- Obtain written statements from the resident, if possible, the accused, and each witness.

- Obtain all medical reports and statements from physicians and/or hospitals, if applicable.

- Review the resident's records.

- If the accused is an employee, then review his/her employment records.

NOTE: If the Administrator deems that a representative from the Critical Incident Group should be involved to complete the investigation of the alleged incident, the Corporate Risk Manager will be immediately notified of the alleged incident and the Risk Manager will contact the Critical Incident Group to schedule the investigation.

The Administrator, Director of Nursing, Corporate Risk Manager, or Corporate Human Resources staff shall be in attendance during the Critical Incident Group investigation and interview of all facility staff.

5. Reach a Conclusion

   After completion of the investigation, all of the evidence shall be analyzed and a determination will be made whether the allegation or suspicion is substantiated.

6. Report

   A. The results of the investigation will be reported to the Administrator as soon as the investigation is completed, but no later than five (5) working days after the incident.

   B. The facility will complete the appropriate sections of the previously submitted *Facility Incident Report - Ohio Department of Health* as follows:

      - Section I – Check the box for Final Report
      - Section VII – Check the appropriate box for whether evidence was found or not found to support the alleged allegation.

   C. The Administrator will approve the completed *Facility Incident Report – Ohio Department of Health* and the Administrator and Director of Nursing will sign and date the report.

   D. The *Facility Incident Report- Ohio Department of Health* will be re-faxed to the Bureau of Long Term Care Quality District Office for your respective facility. The final report must be sent no later than five (5) working days after the alleged incident.

      1. **Akron District Office Telefax: 330-643-1335**
         Ocasek Bldg., Suite 400, 161 S. High St., Akron, Ohio 44308-1612. Telephone: 330-643-1300;

      2. **Columbus District Office Telefax: 614-752-8885**
         246 North High Street, Columbus, Ohio 43216-0118. Telephone 614-466-5357.

   E. The results of the investigation will also be reported to any other officials as mandated by State law.

F. The Corporate Risk Manager will be notified of all *Facility Incident Reports – Ohio Department of Health* submitted to the Ohio Department of Health.

7. Follow-Up

- Staff-to-Resident. In the case of staff-to-resident abuse, mistreatment, neglect or misappropriation of resident property, the facility will follow Traditions' procedure for disciplining or dismissing an employee, depending upon the circumstances and results of the investigation.

  Traditions will report the results of the investigation to the appropriate licensing agencies and registries in accordance with the law.

- Resident-to-Resident. In the case of resident-to-resident abuse or misappropriation of property, the facility will refer the matter to Traditions' interdisciplinary team to determine the appropriate intervention.

- Third Party-to-Resident. If a third party (including family members or other visitors) have abused, mistreated, or stolen from a resident, the Administrator will determine an appropriate response.

Prevention

- Upon completion of the investigation, the facility will determine if modifications to existing policies and procedures (or new policies and procedures) are needed to prevent similar incidents from occurring in the future.

- The quality assurance investigative materials will be reviewed by the CQI Committee at its next regularly scheduled meeting. The committee will take all actions deemed necessary based upon their review.

- Traditions will provide staff training on the subject of abuse, neglect, misappropriation of property, catastrophic reactions, and burnout, during orientation and at least quarterly.

Employee/Volunteer Verification of Education

Directions: This form is to be completed during employee/volunteer orientation. Maintain a signed copy of this form in the employee or volunteer's facility file.

I have been educated regarding National Church Residences Healthcare policy regarding abuse, neglect, mistreatment and/or misappropriation of resident funds or property.

_____ _____

Employee Signature *Date*

Facility Incident Report – Ohio Department of Health (ODH)
Assisted Living

REPORT OF SUSPECTED INCIDENT

I. TYPE OF REPORT BEING SENT TO ODH

An incident that rises to the level of a reportable offense has been investigated by this facility.

❒ Initial and Final Report

II. FACILITY INFORMATION

Facility Name:		Date:
Address:		
City:	State:	Zip Code:
Telephone #:	Fax #:	State licensure #

In accordance with requirements listed in code of Federal Regulation 42CFR483.13 and Ohio Revised Code Chapter 3721. The following incident is being reported to The Ohio Department of Health.

This alleged incident is being reported within the allowable time period set forth under the Federal guidelines and has been found to contain information for which the Administrator and or Director of Nursing feel qualifies as a reportable incident.

III. TYPE OF ALLEGED INCIDENT (check all that may apply)

❒ Physical abuse ❒ Sexual abuse ❒ Emotional/verbal abuse ❒ Neglect
❒ Injury of unknown origin ❒ Misappropriation ❒ Missing Item(s)
❒ Other (specify) _____

IV. INITIAL SOURCE OF ALLEGATION OR SUSPICION

❒ Alleged resident victim ❒ Visitor/family ❒ Staff person ❒ Rumor/gossip
❒ Another resident ❒ Unusual circumstances
❒ Other (specify) _____

V. CONCLUSION: (Once investigation is completed, but no later than 5 working days after the alleged incident)

As a result of the facilities internal investigation, the following information has been ascertained:

(Check the Appropriate Box Below)

- ❒ An incident of alleged abuse, neglect, or misappropriation has been investigated and no evidence was found to support our initial suspicion.
- ❒ After thoroughly investigating the allegation, evidence in support of an incident has been found to support the alleged allegation.

The facility has followed all Federal and State survey regulations and has immediately separated the identified person from the facility, assessed and attended to any and all medical needs of the identified resident and questioned all staff with knowledge of the identified incident.

The facility has contacted the appropriate medical professional(s) familiar with the care of the identified resident, family and/or responsible party for the resident. The facility has in-serviced staff as applicable. In addition, the facility has followed internal policies and procedures with respect to the investigation and reporting of alleged abuse, neglect and misappropriations.

A copy of the investigation is maintained at the facility and will be made available for review by the Ohio Department of Health during any onsite investigation.

_____ _____

Administrator Signature *Date*

_____ _____

Director of Nursing Signature *Date*

Bureau of Long Term Care Quality District Offices:

1. Akron District Office Telefax: 330-643-1335
   Ocasek Bldg., Suite 400, 161 S. High St.
   Akron, Ohio 44308-1612
   Telephone: 330-643-1300

2. Columbus District Office Telefax: 614-752-8885
   246 North High Street
   Columbus, Ohio 43216-0118
   Telephone 614-466-5357

GUIDELINE

Nursing Admission Assessment

PURPOSE Traditions will complete the *Nursing Admission Assessment* on all residents admitted/readmitted to the facility.

NATURE OF FORM The *Nursing Admission Assessment* is a permanent part of the medical record.

POPULATION This form will be completed within the first 24 hours after admission on all residents admitted/readmitted to the facility.

RESPONSIBLE PERSON(S) All areas of the *Nursing Admission Assessment* will be completed by an RN/LPN. The nurse assigned to that resident will initiate the form on admission. If time does not allow the form to be completed by the nurse assigned to that admission by the end of the shift, the oncoming nurse assigned to that resident is responsible for completion of the form in its entirety.

PLACEMENT Upon completion, the *Nursing Admission Assessment* will be filed in the assessment section of the medical record.

INSTRUCTIONS

1. Initiate the physical assessment. Address each item on the *Nursing Admission Assessment.*
2. Complete each section of the form based on the physical assessment and the information obtained at the time of admission.
3. Indicate if the resident/family was involved in the admission process and that the resident was oriented to the facility.
4. Enter your signature and the date the form was completed.
5. File in the resident's medical record.

Admission Nursing Data Collection

Resident Name _____ Room Number _____

Admission Notes

Date of Admission: _____ Time: _____ am/pm | Physician Notified of Admission Time: _____ am/pm

Allergies: Meds _____
Food _____
Other _____

Primary Diagnoses: _____

Age: _____ **Sex:** ❑ Male ❑ Female **Height:** _____ Ft. _____ In. **Current Weight:** _____

Weight History: ❑ Weight Loss From Previous Known Weight ❑ Weight Gain From Previous Known Weight

Vital Signs: Temp _____ Pulse _____ (❑ Reg ❑ Irreg) Resp. _____ B/P _____ / _____

Neurological Status

Pupil Size Chart

Pupil Size and Reaction:
Pupil Size: Left _____ Right _____
Pupil Reaction: B = Brisk S = Sluggish N = Non-reactive
Left _____ Right _____

Level of Consciousness:
❑ Alert
❑ Drowsy
❑ Stuporous
❑ Comatose

Motor Function/Movement of Extremities:
E = equal R>L = Right greater than left L>R = Left greater than right
U = Unable to follow commands AB = Absent
Hand Grasps _____ Moves Right Arm _____ Moves Left Arm _____
Moves Left Leg _____ Moves Right Leg _____

Vision and Hearing Status

Hearing	R	L	Vision	R	L	Communication
Adequate			Adequate			❑ Clear
Adequate w/aide			Adequate w/glasses			❑ Aphasic ❑ Difficulty Speaking
Poor			Poor			Language(s) Spoken: _____
Deaf			Blind			

Sleep Patterns
Usual bed time _____ am/pm
Usual arising time _____ am/pm
Usual nap time _____ am/pm
Insomnia ❑ No ❑ Yes

Bathing/Oral Hygiene	I	A	D	Grooming	I	A	D
Tub				Shave			
Shower				Grooming			
Bed bath				Dressing			
Oral hygiene				Shampoo			

Oral Status

Lips: ❑ Moist ❑ Cracked ❑ Dry ❑ Open Areas
Mucus Membranes: ❑ Moist ❑ Dry Tenderness: ❑ Yes ❑ No Color:
Gums: ❑ WNL ❑ Red ❑ Inflamed Tenderness ❑ Yes ❑ No
Tongue: ❑ WNL ❑ Red ❑ Inflamed Tenderness ❑ Yes ❑ No Lesions:
Teeth: ❑ All Natural ❑ No Teeth ❑ Dentures | Dentures Upper: ❑ Full ❑ Partial Dentures Fit: ❑ Yes ❑ No Dentures Lower: ❑ Full ❑ Partial | Dentist Seen in Last 6 Months: ❑ Yes ❑ No
Chewing Difficulty: ❑ Yes ❑ No | Swallowing Difficulty: ❑ Yes ❑ No
Comments: _____

Respiratory Status

Dyspnea: ❑ None ❑ Mild ❑ Severe ❑ Exertion Only
Cough: ❑ Yes ❑ No ❑ Non-Productive ❑ Productive Able to Move Secretions? ❑ Yes ❑ No
Secretions: ❑ Thin ❑ Thick ❑ Foul Color:
Breath Sounds: Clear ❑ Right ❑ Left; Wheeze ❑ Right ❑ Left; Rales/Crackles ❑ Right ❑ Left
O2 Sat: _____ Trach Present: ❑ No ❑ Yes
Condition of Site: _____
Oxygen Therapy: ❑ No ❑ Yes By: _____
Liter/min: _____ Frequency: _____
Comments: _____

Resident Name _____ Room Number _____

Cardiovascular Status

Edema Present: ❑ No ❑ Yes If Yes, location: _____ Pacemaker Present: ❑ No ❑ Yes
Level of Edema: ❑ 1+ ❑ 2+ ❑ 3+ ❑ Greater than 3+ If Yes, type: _____

AV Fistula: ❑ No ❑ Yes Location: _____ Cap Refill: _____ *(sec)*

Peripheral pulse present R: ❑ Yes ❑ No L: ❑ Yes ❑ No

Comments: _____

Gastrointestinal Status

GI Distress: Nausea: ❑ Yes ❑ No Vomiting: ❑ Yes ❑ No

Feeding Tube: ❑ Yes ❑ No Type of Tube: _____ Tube Patent: ❑ Yes ❑ No

Bowel Sounds: ❑ Present x4 ❑ Absent ❑ Hyperactive ❑ Hypoactive

Abdomen: ❑ Soft ❑ Firm ❑ Distended Girth, if applicable *(inches)* _____

Elimination Bowel: See Bowel Assessment | Ostomy: ❑ Yes ❑ No If yes, type: _____ | Date of last BM: _____

C-Difficile: ❑ Known/suspected C-Diff on admission ❑ Physician notified ❑ Contact precautions

Genitourinary Status

Elimination Urinary: See Bladder Assessment | Ostomy: ❑ Yes ❑ No If Yes, Type: _____ | Dialysis: ❑ Yes ❑ No If Yes, ❑ Peritoneal ❑ Hemo

Status of Perineum/Penis: ❑ No Abnormalities Observed From Visual Exam
❑ Abnormalities Observed Describe: _____
(Note: If abnormalities are visually observed, notify physician for need of further examination/referral to urologist)

Comments: _____

Integumentary Status

Skin Condition: ❑ Dry ❑ Clammy ❑ Moist ❑ Diaphoretic
Skin Turgor: ❑ Good ❑ Poor
Skin Color: ❑ Normal ❑ Pale ❑ Other _____ ❑ Cyanotic ❑ Jaundiced
Skin Temperature: ❑ Cool ❑ Warm

See *Braden Risk Assessment, Admission Skin Assessment, and/or Skin Grids* for further details of skin assessment

IV Site: Date of Insertion: _____ Type of IV: _____ Location of IV Site: _____
Patent: ❑ Yes ❑ No Condition of Site: _____

Physical Status

Paralysis/paresis: ❑ No ❑ Yes Location: _____
Contracture(s): ❑ No ❑ Yes Location: _____ See *Range of Motion Assessment*
Congenital Anomalies: ❑ No ❑ Yes Location: _____ Prosthesis ❑ No ❑ Yes Site: _____
Comments: _____

Functional Status

TRANSFERS
❑ Independently
❑ 1 person assist
❑ 2 person assist
❑ Total assist

WEIGHT BEARING
❑ Full weight
❑ Partial weight
❑ Non-weight bearing

AMBULATION
❑ Independently
❑ 1 person assist
❑ 2 person assist
❑ With device type _____
❑ Wheelchair only
❑ Wheelchair/ propels self
❑ Bed rest

Comments: _____

Psychosocial Status

Which words best describes resident? ❑ Alert ❑ Angry ❑ Fearful ❑ Noisy ❑ Friendly ❑ Cooperative ❑ Lethargic ❑ Non-questioning ❑ Combative ❑ Other _____

Answers questions: ❑ Readily ❑ Reluctantly ❑ Inappropriately

Mood: ❑ Passive ❑ Depressed ❑ Anxious ❑ Quiet ❑ Calm ❑ Questioning ❑ Talkative ❑ Hyperactive ❑ Other: _____

Oriented: ❑ Yes ❑ No **Comprehension:** ❑ Slow ❑ Quick ❑ Unable to understand
Disoriented to: ❑ Time ❑ Place ❑ Person ❑ Situation **Motivation:** ❑ Good ❑ Fair ❑ Poor
Personal habits: ❑ Smokes ❑ Drinks Alcohol
Resident involved in admission process? ❑ Yes ❑ No **Family involved in admission process?** ❑ Yes ❑ No
Resident oriented to facility? ❑ Call Light ❑ Bathroom ❑ Mealtime ❑ Activities

_____ _____
Nurse Signature *Date*

Nursing Admission Assessment Checklist

Assisted Living Facility

Resident Name: _____ Date of Admission: _____
S.S.# _____ - _____ - _____ D.O.B. _____

The admission process is not the sole responsibility of the admission nurse. All shifts are expected to assist in its entirety. As you complete any part of the admission checklist, put your initials on the line next to the item. This form is to be completed in its entirety within 48 hours. **If resident is out longer than 7 days, complete all of the following.** If resident is out less than 7 days, the starred (★) items should be completed.

Advance Directives:	____ 1.	Code Status Form (DNR or Full Code)
H & P:	____ 2.	Accumulative Diagnosis Sheet (optional)
	____ 3.	H&P Form
Physician Orders:	____ 4.	Physician Order Sheet ★ UPDATE
	____ 5.	Physician Orders verified & faxed to pharmacy ★
	____ 6.	Admission orders completed for: ★ Admit date: ____ / ____ / ____
		Allergies: _____
		___ All medication orders contain route, frequency, and dosage
		___ All PRN orders contain frequency for PRN (i.e. q4h prn) and reason for use
		___ All treatment orders state, frequency, problem being treated, and site
		___ Therapy orders identified and marked on the therapy requisition form. Place this form in therapy's mailbox.
		___ Nurse's signature and date on admission order
	____ 7.	Lab Requisition – As Ordered ★
Progress Note:	____ 8.	Weight ★
Assessments & LOC:	____ 9.	Resident Care Sheet ★ UPDATE
	____ 10.	Braden Assessment ★
	____ 11.	Fall Risk Assessment ★
	____ 12.	Pain Assessment ★
	____ 13.	Wandering/Exit Seeking Behavior Assessment – add to Exit Seeking book
	____ 14.	AIMs Test (if on psychotropic meds)
	____ 15.	Self Administration of Medication Assessment
	____ 16.	Secured Unit Assessment
	____ 17.	Memory Care Assessments
		___ Functional Assessment Staging ___ Resident Screening Tool
	____ 18.	Smoking Assessment
Nurses Notes:	____ 19.	Nursing Admission Assessment ★
MARS/TARS;	____ 20.	MAR/TAR ★
Labs:	____ 21.	Initial Resident Immunization Record
	____ 22.	Order for 2 step Mantoux
		___ CXR ordered if resident is allergic to Mantoux or has had a positive TB Test
Rehab:	____ 23.	IDT Form/Therapy Orders ★
Dietary:	____ 24.	Diet order includes consistency and any restrictions
	____ 25.	Dietary Communication Form ★
Misc Records,	____ 26.	Master Signature Log
Education:	____ 27.	AL/Memory Care Education form
	____ 28.	Offered Influenza Vaccine & Influenza Consent Signed
	____ 29.	Offered Pneumococcal Vaccine & Pneumococcal Consent Signed
	____ 30.	Fall Education Form

_____
Admitting Nurse Signature *Date*

Admission Orders

POLICY

Admission orders will be obtained/approved through the attending physician immediately following or prior to the resident admission to the facility. If the attending physician or their alternate cannot be reached, the facility shall contact the Medical Director for receipt of temporary orders until the attending physician can be contacted for confirmation or revision of orders.

PROCEDURE

Resident Admitted from Hospital, LTC facility, ER, etc.

1. Review the transfer orders (if from another long-term care facility or hospital).
2. Contact the ***attending*** physician upon admission (if they are not the ***transferring*** physician) to confirm orders.
    - Contact the attending physician immediately for admission orders if the resident is admitted from home.
3. Review medication orders and assure the following:
    - Stop dates for antibiotics
    - Each medication has a corresponding diagnosis
4. Obtain further orders as appropriate.
5. Transcribe the approved transfer orders and any further orders as appropriate.
6. Note, date and sign the transcribed orders as the admitting nurse.
7. Send orders to physician office to be signed and returned to the facility to be a part of the resident's medical record. (Assisted Living Facilities only)

Background Investigation Prior to Employment

POLICY

Traditions facilities will complete a criminal background check, per State regulations, prior to employment to prevent employment of individuals who have been convicted of abuse, neglect, or mistreatment.

PROCEDURE

1. Do not hire individuals who have:
    a. Been found guilty in a court of law of abusing, neglecting, or mistreating individuals. (Refer to state list of persons with convictions who are banned from employment in long term care)
    b. A finding entered into the State Nurse Aid Registry concerning abuse, neglect, mistreatment or residents, or misappropriation of property.
    c. Disciplinary action resulting in revocation of a professional license to practice.
2. Complete the following processes prior to offering employment:
    a. Contact State Nurse Aide Registry or licensing authorities.
    b. Check references.
    c. Obtain criminal background check.

Cardiopulmonary Resuscitation & Code Status

POLICY

Cardiopulmonary resuscitation (CPR) will be initiated for all residents when appropriate, unless a physician has issued a do not resuscitate (DNR) order for the resident. Traditions will honor all DNR orders in accordance with Ohio law, and will follow the Ohio Do-Not-Resuscitate Protocol.

Traditions will not discriminate against any resident or potential resident because of a resident's choice regarding CPR. The resident may at any time during their stay make a change in their choice regarding CPR and code status by discussing their wishes with their physician.

DEFINITIONS

1. Capacity. Residents "with capacity" are at least 18 years old and mentally capable of understanding the nature and consequences of their health care decision(s). All capacity determinations shall be made by a physician and must be documented in the resident's medical record.

2. Cardiac Arrest. The absence of a palpable pulse.

3. CPR. The law defines "CPR" as cardiopulmonary resuscitation or one of the elements of providing cardiopulmonary resuscitation. The elements of providing CPR are:

    a. Administration of chest compressions.
    b. Insertion of an artificial airway.
    c. Administration of resuscitation drugs.
    d. Defibrillation or cardioversion.
    e. Provision of respiratory assistance.
    f. Initiation of a resuscitative intravenous line.
    g. Initiation of cardiac monitoring.

    Note that of the elements of CPR listed above, Traditions only provides chest compressions and respiratory assistance [in the form supplemental oxygen with artificial ventilation via an ambu bag]. All other elements of CPR can only be provided by activating the 911 system and/or sending the resident to the hospital for emergency care. Therefore, for purposes of this policy CPR will be defined as administering chest compressions and artificial respiratory assistance [through the use of an ambu bag only].

4. DNR Identification. The standard forms of identification approved by Traditions, which record a resident's status as either a DNR Comfort Care resident or a DNR Comfort Care–Arrest resident.

5. DNR Order. An oral or written directive issued by a physician which states that a resident should not receive CPR.

6. Full Code. Any resident who does not have a physician order for DNR will be considered a full code. If the resident is observed by staff to be without pulse and/or respirations, CPR and the 911 response will be initiated as defined above.

7. Respiratory arrest. The absence of spontaneous respirations or the presence of agonal breathing.

PROCEDURE

1. The licensed nurse shall identify at the time of admission whether the resident has a physician signed order for Do Not Resuscitate (DNR) on the *Ohio DNR Identification* Form.

2. If the resident does not have a current physician DNR order and wants CPR performed, the licensed nurse will complete a *Full Code Sheet* (using brightly colored paper) and place the completed form in the Advanced Directives section of the resident's clinical record. The licensed nurse will communicate to care giving staff that the resident is a full code.

3. If the resident has a physician order for DNR, the appropriate DNR documentation will be placed in the Advanced Directive section of the medical record. The licensed nurse will communicate to care giving staff that the resident is a DNR.

4. If the resident does not have a physician order for DNR, but does not wish to be provided CPR, then the resident may execute the *Ohio DNR Identification* form, which expresses his/her wish to have his/her physician issue a DNR order. The licensed nurse will communicate the resident's wishes to the physician and Social Services.

5. The licensed nurse will inform the resident that he/she may change their code status at any time during their stay at the facility by discussing their wishes with their physician.

6. If the facility is using computerized clinical charting, the admitting nurse will enter the code status into the appropriate section of the resident's electronic clinical record.

1. DNR Orders

A DNR Order issued by the resident's physician is considered current until it is either revoked by the resident or the physician. Traditions expects physicians with patients living at the facility to revisit the appropriateness of all orders, including DNR Orders, in accordance with Ohio law and the facility's policies.

Residents With Capacity

Residents with capacity will be given the opportunity to give informed consent to a DNR Order. A resident who wishes to give written consent may do so by signing the ODH DNR form. Oral consent will be documented by staff and/or the physician in the medical record.

Residents Without Capacity

Although Ohio law does not require consent or agreement prior to the issuance or execution of a DNR Order, absent exigent or unusual circumstances, it is Traditions' policy to generally verify that any DNR Orders for a resident without capacity meet the following conditions:

a. The decision to implement a DNR Order appears to be one which the resident would have made himself/herself.

b. The resident's attending physician (or, designee) has consulted with the individual or individuals in the priority class listed below in descending order of priority, and has fully and frankly discussed with the individual or individuals in the priority class the nature of the resident's illness, the resident's treatment options and the potential benefits and reasonably known medical risks.

(1) Attorney-in-Fact designated by resident's Durable Power of Attorney for Health Care and legal guardian. Usually the durable power of attorney for healthcare and the guardian is the same person. If not and they do not agree on how to proceed, then Traditions will make the resident's attending physician aware of the issue.
(2) Spouse of the resident.
(3) Adult children of the resident, or majority of adult children of the resident, who are reasonably available.
(4) Parents of the resident.
(5) Adult sibling of the resident, or majority of adult siblings reasonably available.
(6) Nearest adult not listed above who is related by blood or adoption and is available within a reasonable period of time.

The attending physician will notify and obtain the agreement of all persons available in the first priority class in which the person is reasonably available from the hierarchy above (*i.e.*, if no Attorney-in-Fact, no legal guardian and no spouse, then all adult children who are reasonably available), of the attending physician's intention to write a DNR Order.

2. DNR Protocol

When responding to a resident who needs CPR, Traditions will confirm the resident's DNR status.

a. When to Initiate CPR

CPR will be initiated if: (1) the resident is a not a DNR Comfort Care or DNR Comfort Care – Arrest resident or (2) the resident at any time asks for resuscitation.

Note: Regardless of the presence of signs and symptoms of death, CPR will be initiated on all residents, unless directed otherwise by a physician or Emergency Medical Services personnel.

If a Traditions staff member responded to an emergency by initiating CPR measures prior to confirming that the DNR Protocol should be followed, then that person should discontinue those measures immediately when it is determined that CPR should not be provided.

b. When Not to Initiate CPR

If the resident's DNR Order is effective (*i.e.*, the order is a DNR Comfort Care order or the resident is in cardiac or respiratory arrest), then follow the steps below.

DO	DO NOT
▪ Suction the airway ▪ Administer oxygen ▪ Position for comfort ▪ Splint or immobilize ▪ Control bleeding ▪ Provide pain medication ▪ Provide emotional support ▪ Contact the resident's physician or the hospital as appropriate	▪ Administer chest compressions ▪ Insert and artificial airway ▪ Administer resuscitative drugs ▪ Defibrillate or cardiovert ▪ Provide respiratory assistance (other than that listed to the left) ▪ Initiate a resuscitative IV ▪ Initiate cardiac monitoring

Note: *Traditions staff may continue respiratory assistance, IV medications, etc. that have been part of the resident's ongoing course of treatment for an underlying disease, even if no CPR is provided.*

CHANGING CODE STATUS DURING STAY

A resident may desire to make a change in their code status and may do so at any time during their stay by discussing their wishes with their physician.

Resident Name

Room Number

Signature of Person Completing Form

Date

Full Code

Charting – Additions & Corrections

POLICY

Charting will be consistent throughout the medical record. Add and/or correct the following according to this procedure:

- Late entry
- Addendum
- Errors

PROCEDURE

Late Entry

1. Document the late entry as soon as possible.
2. Record the late entry on the next available chronological line of the applicable form.
3. State "Late Entry" at the beginning of the documentation.
4. Enter today's date and time.
5. Identify date, time (if known), and incident for which the late entry is written.
6. Document the late entry.
7. Draw a line from the end of your entry to your signature.
8. Sign your name and title at the end of the line.

Addendum

1. Utilize an addendum note to clarify existing documentation.
2. Enter the addendum as soon as possible.
3. Record the addendum on the next available chronological line of the applicable form.
4. State the reason for the addendum.

5. Enter today's date and time.

6. Identify any sources of information that will validate the additional documentation (i.e., lab, x-ray).

7. Draw a line from the end of your entry to your signature.

8. Sign your name and title at the end of the line.

Errors

1. Correct the error as soon as noticed.

2. Draw a ***single line*** through the noted "error."

    a. ***Do not*** obliterate the error
    b. ***Do not*** erase
    c. ***Do not*** use correction fluid or other product(s) to cover the error

3. Enter the letters ME (mistaken entry) and your initials.

4. Document the correct entry.

5. Draw a line from the end of your correct entry to your signature.

6. Sign your name and title at the end of the line.

Consultants

POLICY

An interdisciplinary team representing all appropriate health care professionals plans the resident's care. Qualified professionals from disciplines relevant to the resident needs may be required as part of the care management team. The attending physician may write an order requesting a consultation by the appropriate discipline. This may include, but is not limited to, such professionals as the following:

- Neuropsychologist
- Pulmonologist
- Psychiatrist
- Surgeon
- Dermatologist
- Gynecologist, etc.

PROCEDURE

1. Discuss physician's request for a consultation with resident and/or family.
2. Obtain a physician's order for the requested consultation.
    - Consultant's name
    - Speciality
    - Reason for consult
3. Notify the consultant of the order.
4. Obtain a date and time for the visit.
5. Verify if the consultant will visit the facility or if the resident must be transported to their office.
6. Notify family of the date and time.
7. Arrange transportation as applicable and determine who the payor source is.

8. Document appointment on the appointment calendar or in the appointment "tickler file.

9. Document in the medical record.

10. Notify attending physician of the consultation results and any orders written.

Credentialing

POLICY

Credentialing is the process of collecting, verifying and evaluating an independent practitioner's qualifications to determine whether he/she will be authorized to practice with the Administrator/Medical Director to make the final decision. All Traditions facilities are required to complete credentialing for independent practitioners.

PROCEDURE

APPOINTMENT INFORMATION

1. The applicant shall have the burden of producing adequate information for a proper evaluation of his credentials and qualifications.

2. The items to be submitted by all providers shall include:

   - Current copy of professional license
   - Proof of malpractice insurance
   - Copy of DEA certificate (if applicable)
   - Evidence of medical staff membership if hospital privileges exist
   - Certification status (if applicable)
   - Documentation of citizenship status (if applicable)

3. The Administrator/Medical Director may have information bearing on the independent practitioner's competence, character, and ethical qualifications. The Administrator/Medical Director will act in good faith and without malice in connection with evaluating the applicant and his credentials, and releases from liability all individuals and organizations who provide information to the facility in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.

4. After collection of required documents, license verification and National Practitioner Data Base information is obtained by facility designated staff.

APPOINTMENT PROCESS

1. Within sixty days after receipt of all required documents, the Administrator/Medical Director shall examine the evidence of the credentials and qualifications of the practitioner and shall determine whether the practitioner has established and meets the necessary qualifications.

2. When the recommendation of the Administrator/Medical Director is to defer the appointment process for further consideration, it must be followed up within thirty days with a subsequent recommendation for provisional appointment, or for rejection for staff membership.

3. When the Administrator/Medical Director's decision is final, notice of such decision is sent through the Administrator to the practitioner.

RE-APPOINTMENT PROCESS

1. Re-appointment occurs every 2 years and generally coincides with license renewal.

2. Items necessary to re-appointment are:

    - Current copy of license
    - Proof of malpractice insurance
    - Copy of DEA certificate (if applicable)
    - Evaluation of independent practitioner to include:

        i. professional competence and clinical judgment in the treatment of residents
        ii. ethics and conduct his compliance with the facility rules and regulations
        iii. cooperation with facility personnel and other practitioners
        iv. general attitude towards residents/patients, the facility and the public.

3. The Administrator/Medical Director shall make written recommendations to the Administrator concerning the re-appointment/non-re-appointment/clinical privileges of each practitioner schedule for periodic appraisal. Where a non-re-appointment or a change in clinical privileges is recommended, the reasons for such recommendations shall be stated and documented.

TEMPORARY PRIVILEGES

1. The Administrator may, upon license verification, and with the concurrence of the Administrator/Medical Director, grant temporary admitting and clinical privileges to an independent practitioner.

2. Temporary privileges cannot exceed ninety days without approval of the Administrator/Medical Director.

3. The Administrator may at any time, upon the recommendation of the Administrator/Medical Director, terminate a practitioner's temporary privileges effective as of the discharge from the facility of the practitioner's resident(s) then under his care in the facility. However, where it is determined that the life or health of such residents would be endangered by continued treatment by the practitioner, the termination may be imposed. The wishes of the resident(s) shall be considered in selection of a substitute practitioner.

EMERGENCY PRIVILEGES

For the purpose of this section, an "emergency" is defined as a condition in which serious permanent harm would result to a resident, or in which the life of a resident is in immediate danger and any delay in administering treatment would add to that danger.

1. In the case of an emergency, any physician, dentist, or podiatrist member of the Medical Staff, to the degree permitted by his license and regardless of service or staff status or lack of it, shall be permitted and assisted to do everything possible to save the life of a resident, including the calling for any consultation necessary or desirable.

2. When an emergency situation no longer exists, such physician, dentist, or podiatrist must request the privileges necessary to continue to treat the resident. In the event such privileges are denied or he does not desire to request privileges, the resident shall be assigned to an appropriate member of the Medical Staff.

GUIDELINE – Credentialing Log

PURPOSE To manage the Licensed Independent Practitioner (LIP) Credentialing Process.

INSTRUCTIONS

1. Enter LIP's name in the space indicated.
2. Enter the following dates:
    - Current copy of professional license
    - Proof of malpractice insurance
    - Copy of DEA certificate (if applicable)
    - Evidence of medical staff membership if hospital privileges exist
    - Certification status (if applicable)
    - Documentation of citizenship status (if applicable)
3. Record the date the application is approved
4. Enter the due date for re-credentialing renewal.
5. Record the completion date of re-credentialing.
6. Staff completing the log will sign indicating information is complete.

CREDENTIALING LOG

DIRECTIONS:
Enter check marks (✓) as complete and dates as applicable.

Practitioner Name	Current Professional License Received	Expiration Date of License	Proof of Malpractice Insurance	Expiration Date	DEA Number Received	Expiration Date	Evidence of medical staff membership if hospital privileges exist	Application approved by Administrator/Medical Director	Re-credentialing/Due Date	Re-credentialing Completion Date	Staff Signature

REVIEW AND ACCEPTANCE FOR CREDENTIALING

_____
Practitioner Name (Credentials)

As the Administrator/Medical Director of Traditions at _____

I have reviewed all credentialing information and have approved the above practitioner as a Licensed Independent Practitioner on staff at this facility. This practitioner shall be considered credentialed for a period of two years from the date that this review was completed.

_____ _____
Date *Date*

_____ _____
Administrator/Medical Director Signature *Administrator Signature*

CREDENTIALING RENEWAL

The licensed independent practitioner listed above remains in good standing and continues to be credentialed as a Licensed Independent Practitioner at this facility.

1. _____ _____ _____
Date *Administrator/Medical Director Signature* *Administrator Signature*

2. _____ _____ _____
Date *Administrator/Medical Director Signature* *Administrator Signature*

3. _____ _____ _____
Date *Administrator/Medical Director Signature* *Administrator Signature*

4. _____ _____ _____
Date *Administrator/Medical Director Signature* *Administrator Signature*

5. _____ _____ _____
Date *Administrator/Medical Director Signature* *Administrator Signature*

6. _____ _____ _____
Date *Administrator/Medical Director Signature* *Administrator Signature*

Daily Clinical Rounds

POLICY

Traditions requires rounds to be completed daily by the Director of Nursing (DON) or designee to observe and monitor the management of care delivery and to ensure the delivery of quality of care.

PROCEDURE

1. Determine time to conduct rounds.

2. Observations during clinical rounds include but are not limited to the following:

   - Staffing needs
   - Environmental concerns
   - Resident condition and clinical needs
   - Follow up on residents with an acute change in condition identified during morning meeting/*24 Hour Report*
   - Family concerns
   - Staff concerns
   - Dining rooms – meal time
   - Infection control practices
   - Residents with identified behaviors

Daily Work Assignments

POLICY

Daily work assignments will be placed in an area readily accessible to the clinical staff prior to the beginning of the workday. The nurse manager/charge nurse will revise the assignments if staff members call off and a replacement cannot be found.

PROCEDURE

1. Determine the appropriate number and mix of clinicians needed to meet the physical, emotional, and psychosocial needs of the resident.
2. Assign the appropriate numbers and mix of clinicians need to care for the residents on the unit(s).
3. Attempt to replace staff that have called off with other staff holding the same credentials.
4. Reassign the numbers and mix of staff if unable to cover vacant positions, ensuring the needs of the residents will be met.
5. Place the daily work assignment sheet in an area easily accessible to the staff.
6. Post staffing hours and maintain the daily work assignment sheets as required by state law.

Death of a Resident

POLICY

A physician will determine and pronounce the death of a resident in Traditions facilities.

PROCEDURE

1. Assess the resident for vital signs.
    - Apical pulse
    - Respirations
    - Blood pressure
2. Call the physician and report your assessment of absence of vital signs.
3. Obtain pronouncement of death and order to release body from the physician.
    - Write the pronouncement and release as a telephone order.
    - Obtain order for autopsy, if one is requested.
4. Notify the resident's family, guardian, and/or representative.
5. Notify the designated funeral home that the body is being released to them.
6. Remove all tubes/lines attached to the resident (examples: foley catheter, IV)
7. Complete the *Release of Remains and Personal Articles* form and obtain signature of the funeral home representative.
8. Document the following in the Nurse's Notes:
    - Time lack of vital signs was determined
    - Time and name of physician notified
    - Time and name of family member notified
    - Name of designated funeral home and time notified
    - Name of funeral home representative and time body released
    - Status of deceased resident's personal possessions and what was sent with the body (i.e., glasses, dentures, etc.)

GUIDELINE

Death of a Resident
Release of Remains and Personal Articles

POLICY

Upon the death of a resident, Traditions staff will complete a *Death of a Resident – Release of Remains to Funeral Home* form to identify where the resident's remains were sent upon death and any personal articles that were sent with the remains.

PROCEDURE

1. Enter the resident's name, room number, and date and time of death.
2. Identify the funeral home contacted to release the body to.
3. Identify each personal article of the resident sent with the remains.
4. Sign and date the form.
5. Ensure completion of the Mortician Report section of the form to include:
    - Resident remains
    - Signature of Funeral Home representative
    - Name and address of Mortuary
    - Phone number of Mortuary

Death of a Resident
Release of Remains and Personal Articles

Resident Name: _____ Room Number: _____

Date of Death: _____ Time: _____

Funeral Home Contacted: _____

Personal Articles of the resident sent with funeral home representative: _____

_____

_____

_____

Body released by: _____ _____
Staff Signature *Date*

MORTICIAN REPORT

Received From: _____

The remains of: _____ and the personal articles as stated above.
Resident Name

Body released to: _____
Funeral Home Representative Signature

_____
Name of Mortuary

Address: _____

_____

Phone #: _____

GUIDELINE

Diagnosis List

PURPOSE

- To document past and present diagnosis
- To document acute diagnosis and enter the date resolved
- The form will be initiated on each resident admitted to the facility

RESPONSIBLE PERSON(S) Licensed Nurse/designee

PLACEMENT The form will be maintained in the history and physical section of the medical record.

INSTRUCTIONS

1. Record the following information on the top portion of the form:
   - Resident name
   - Room number
   - Admission date
2. Enter the ***date*** diagnosis was made (if known) upon admission.
   - If initial date is unknown, enter the admission date.
3. Record the ***diagnosis(es)***, entering primary diagnosis first, then secondary diagnosis, etc.
4. Enter the date the diagnosis was ***resolved***, as applicable.
5. Assure *ICD9 Codes* are listed prior to closing out the medical record.

Diagnosis List

Resident Name: _____ Room # _____ Admission Date: _____

Date	Diagnosis	Date Resolved	ICD9 Codes (to be completed by Med. Recs.)

_____ _____
Physician Signature *Date*

_____ _____
Physician Signature *Date*

_____ _____
Physician Signature *Date*

_____ _____
Physician Signature *Date*

Discharge Against Medical Advice (AMA)

POLICY

A *Discharge Against Medical Advice* form must be completed on all cases when a resident insists on leaving the facility Against Medical Advice (AMA). The attending physician, Administrator, and the Director of Nursing must be notified following each AMA.

PROCEDURE

1. Obtain the signature of any resident leaving the facility without the physician's order and against the advice of the facility and the physician on the *Discharge Against Medical Advice* form.
    - If the resident/responsible party refuses to sign the form, the form will be filled out, read to the resident/responsible party, witnessed, and the statement "Signature Refused" written on the resident signature line.
2. Read and carefully explain the *Discharge Against Medical Advice* form to the resident/responsible party before witnessing the signature.
3. Notify the attending physician, Administrator and Director of Nursing.
4. Document "Discharge AMA" in the Nurses' Notes. Give reason as stated by the resident and/or responsible party if known.

Discharge Against Medical Advice

Resident: _____

Date: _____ Time: _____ am/pm

1. This is to certify that I am leaving _____ (facility) at my own insistence and against the advice of the facility and my attending physician. I have been informed of the risks and potential complications of my leaving at this time. These risks and potential complications include:

   _____

   _____

   _____

2. I release the nursing facility, its employees and my attending physician from all liability for any adverse results caused by my leaving the facility prematurely.

_____
Signature of Resident

_____
Witness

_____
Witness

NOTE: If the resident refuses to sign such a statement, he or she cannot be forced to do so nor may the release be withheld until he or she signs. If such refusal occurs, the form should be filled out, read to the resident, witnessed and statement "Signature Refused" written on the resident signature line.

Prevention and Management of Missing Residents
Elopement

Assisted Living

POLICY

Traditions strives to provide a safe environment for all residents. The facility will properly assess residents and plan their care to prevent accidents related to wandering behavior and/or attempts to leave the facility without staff awareness.

Wandering is defined as a resident's movement about an area of the facility without a fixed goal or purpose.

Elopement is defined as a cognitively impaired resident leaves the facility unattended and without staff observation/knowledge or when a cognitively intact resident fails to inform staff/sign out that they are leaving the facility building.

PROCEDURE

Assessment of Exit Seeking Behaviors

1. Each resident will be assessed at admission to identify if the resident has a known history of exit seeking behaviors. Assessment information may be obtained from a review of hospital records, physician's history and physical and from family interviews during the admission process.

2. Each resident without known behaviors will be observed for the first 72 hours post admission for evidence of exit seeking behaviors.

3. If the resident displays exit seeking behaviors, further assessment will occur to determine the need for a monitoring device or secured unit in an effort to assist with the resident's safety needs.

4. Each resident with known exit seeking behaviors will be reviewed at least annually and/or with significant change in condition. Residents identified at risk will be communicated to all staff.

Residents Identified at Risk for Elopement

1. Residents whose assessment identifies exit seeking behavior shall be considered at risk of elopement. If a resident is identified at risk, the following steps will be taken when a secured unit is not available:

    a. An alarm bracelet will be placed on the resident's wrist or ankle to audibly alert staff of attempts by the resident to exit the facility.

b. The number on the alarm bracelet and the date the bracelet is applied/removed/changed on the resident will be documented on a master log which will be maintained by a facility designated staff person.

c. Designated nursing staff will ensure that each resident is wearing the alarm bracelet on a daily basis and to complete a daily check of the alarm bracelet to ensure proper working order.

d. All daily and weekly checks will be documented.

e. A telephone order will be generated for each resident who is wearing a bracelet to improve communication to the interdisciplinary team.

f. Residents identified at risk will be communicated to all staff.

g. The facility will document all checks of the alarm system on a log which will be maintained by the Maintenance Director weekly.

h. An *Exit Seeking Book* identifying residents at risk of elopement will be placed at the front desk of the facility in order to alert the staff of residents who need to be closely monitored. A facility designated staff person will be responsible to keep the *Exit Seeking Book* updated at all times.

2. It is the responsibility of all personnel to report any resident attempting to leave the premises, or suspected of being missing, to the supervisor or charge nurse immediately. Should an employee observe a resident attempting to leave the facility, he/she should:

   a. Attempt to prevent the departure;

   b. Obtain assistance from other staff members in the immediate vicinity, if necessary.

   c. Instruct another staff member to inform the charge nurse and/or Director of Nursing/Administrator that a resident is attempting to leave the facility.

3. If the resident successfully attempts to leave the facility the staff will implement the *Visual Check Sheet* to monitor the resident's whereabouts every 30 minutes until the interdisciplinary team meets. Based on the interdisciplinary review, the team shall identify additional interventions in an attempt to prevent further incident and shall consider whether the resident should be moved to a secured unit (if available) or discharged from the facility to a more appropriate setting.

4. In the event that a resident is found to be missing from the facility, the Missing Resident Procedure will be initiated.

When a Door Alarm Sounds

1. Check the alarm panel to determine which door has been opened. **DO NOT ASSUME** someone else has already done this.

2. Check all exit doors for any existing resident by means of a visual check. Visual check means observing the area around the exit and completing a perimeter search of the property.

3. Reset the door alarm at the exit door only after it is determined that all residents are accounted for and no resident has exited inappropriately.

Missing Residents

1. When it is determined that a cognitively impaired resident is missing from the facility, the following will occur:

   a. Determine if the resident is out on an authorized leave or pass and IF NOT alert the nurse and all shift personnel to search the facility. If the resident is not located, institute a search of the property and surrounding area.

   b. If a resident is unaccounted for after a thorough search of the grounds (within 15 minutes of starting the search), the following persons will be immediately notified by the charge nurse:

      - Administrator
      - Director of Nursing
      - Family/responsible party
      - Attending physician
      - Police

   c. A complete description of the resident will be given to the police along with a current photograph of the resident.

2. When the resident is located, the following procedures will be followed:

   a. An assessment of the resident will be completed to determine if medical attention is required. The DON/designee will determine if the resident needs sent to the emergency room for further evaluation and treatment.

   b. The search teams will be notified that the resident has been located.

   c. The attending physician and responsible party will be notified of the resident's condition.

d. The resident will be placed on 1:1 observation until the Interdisciplinary Team meets to reassess the resident.

e. An incident report will be completed with an investigation of the findings and the incident will be logged on the *Incident & Accident Tracking Log.*

f. All missing resident incidents will be reviewed through the facility Continuous Quality Improvement Process in an attempt to prevent further incidents related to missing residents.

Cognitively Intact Residents Who Leave the Facility without Signing Out

1. From time to time, residents may voluntarily leave the building, signing themselves out according to procedure. A cognitively intact resident (without a legal guardian) who leaves the building without signing out will be considered voluntarily missing if the following occurs:

   - The resident forgets to sign out or inform staff they are leaving the facility AND;
   - The resident is unable to be located after initiation of phone calls to known places that the resident may visit AND;
   - Follow steps of Missing Residents

2. Upon return to the facility, the resident will be re-educated regarding the facility policy and procedure for signing out of the facility after a missing resident incident. The resident education will be documented in the medical record.

3. The Administrator and Interdisciplinary Team will discuss whether a cognitively intact resident (who has been re-educated after an incident of leaving the facility without staff knowledge) may be considered discharged against medical advice (AMA) should another missing resident incident occur.

Staff Education on Elopement

1. All staff will be educated on proper identification, assessment, and treatment of residents identified with exit-seeking behavior. This education will occur during orientation and annually thereafter.

2. Facility staff will perform an elopement drill at least annually.

GUIDELINE

Elopement Risk Assessment

PURPOSE To provide an assessment for risk of elopement for each resident upon admission, at least annually, and with a significant change in resident condition.

PROCEDURE

1. Upon admission, the nurse will review hospital transfer information, interview the resident and/or responsible party to identify risk factors that could place the resident at risk of elopement. The assessment will be updated at least annually and with a significant change in resident condition. The completed form will be placed in the assessment section of the medical record.

2. The nurse shall complete all sections of risk factors on the assessment.

   a. If a resident is bedfast, check (✓) the box yes, and sign and date the assessment. No further assessment is necessary.

      NOTE: If the resident is no longer bedfast, the full assessment must then be completed.

   b. Determine the resident's current status and history and assign the appropriate points to each area that the resident exhibits.

      - Resident exhibits no wandering or exit seeking behavior
      - Resident has repetitive movement
      - Resident follows staff, visitors and other residents
      - Resident wanders due to short attention span
      - Resident is an exit seeker

   c. Identify the resident's current cognitive status.

      - No cognitive impairment
      - Mild cognitive impairment
      - Moderate cognitive impairment
      - Moderately severe cognitive impairment
      - Severe cognitive impairment

   d. Identify the resident's current physical status.

      - Extensive to total assistance
      - Mobile with wheelchair
      - Ambulatory with device (walker, cane) or assistance
      - Ambulatory

e. Identity previous exit attempts

- No attempts
- No attempts but capable
- Attempts but not successful
- History of successful attempts prior to and/or since admission to the facility

f. Determine behavior challenges

- No behavior problems
- Infrequent behavior problems
- Behavior problems easily re-directed or managed
- Agitation, aggression that is not easily managed

3. Add all points from each section to determine total points scored. Enter total points into appropriate box.

4. If the total points are equal to or below 9 points, the resident will be considered at low risk for elopement.

5. If the total points are equal to or above 10 points, the resident will be considered at moderate to high risk for elopement.

6. Complete the *Exit Seeking Profile* for each resident who scores at least 10 points.

7. Residents identified at risk for elopement will be communicated to all staff.

Guideline for Care Plan Development
Elopement Risk

Low Elopement Risk
Score below 10 on Elopement Risk Assessment

1. Monitor any changes in cognitive, behavioral, physical status, and type of wandering for any changes that may trigger need for reassessment of elopement risk.
2. Develop psychosocial and environmental interventions to address identified type of wandering.
3. Evaluate repeated behavioral problems to identify antecedents (triggers) and consequences. Develop interventions to change behavior as needed based on changing the antecedents, consequences, or both.
4. Monitor resident during outings in and out of the facility.
5. Monitor resident routinely.

Moderate to High Elopement Risk
Score 10 or above on Elopement Risk Assessment

1. Resident requires close supervision during outings.
2. Resident requires escort and close supervision within the building when participating in activities, beauty/barber shop appointments, parties in an unsecured area, etc.
3. All facility staff should be aware of what resident looks like and that resident is a high elopement risk.
4. Every attempt should be made to involve resident in individualized and meaningful activities to prevent, minimize, and/or divert attention away from exit-seeking behavior.
5. Environment should be adapted to minimize cues for resident to leave, e.g. exit doors may be camouflaged or painted same color as background wall to minimize color contrast that would make doors stand out, windows in exit doors camouflaged, etc.
6. Resident should be engaged in a meaningful activity at change-of-shift, and before the time when he/she may get more restless, such as late afternoon (sundowning).
7. Consideration should be given to location of resident's room, i.e. move closer to nurses' station.
8. Environmental monitoring techniques, such as ceiling mirrors and/or cameras should be maximized to assist in monitoring resident's whereabouts.
9. Environment should be checked for areas "hidden" from view or staff sight lines and these areas should be manually checked on a routine basis each shift.
10. ***EXIT SEEKING PROFILE*** completed (see *Elopement Risk Policy).*
11. Residents identified at risk for elopement will be communicated to all staff.

GUIDELINE

Visual Check Sheet

PURPOSE To provide a method of documenting resident activity and location for a 48 hour period following an episode of elopement.

PROCEDURE

1. Licensed staff/nursing assistant responsible for the resident will complete the documentation for visual checks upon return to facility.
2. Documentation includes resident activity and location every 30 minutes.
3. The signature and designation of the staff member must accompany each entry.
4. Information obtained during visual checks will be used in post incident care.
5. The visual check sheet will be used as an internal document and will not be a part of the resident's medical record.

★ This report is **CONFIDENTIAL AND PRIVILEGED**. It is not to be part of the medical record, but a tool used as a part of the facility's quality improvement program.

Resident Name: _____ Date & Time Monitoring Began: _____

★ Document the resident's activity and location every 30 minutes

VISUAL CHECK SHEET

Time	Resident Location	Signature	Time	Resident Location	Signature
12:00			6:00		
12:30			6:30		
1:00			7:00		
1:30			7:30		
2:00			8:00		
2:30			8:30		
3:00			9:00		
3:30			9:30		
4:00			10:00		
4:30			10:30		
5:00			11:00		
5:30			11:30		
6:00			12:00		
6:30			12:30		
7:00			1:00		
7:30			1:30		
8:00			2:00		
8:30			2:30		
9:00			3:00		
9:30			3:30		
10:00			4:00		
10:30			4:30		
11:00			5:00		
11:30			5:30		
12:00			6:00		
12:30			6:30		
1:00			7:00		
1:30			7:30		
2:00			8:00		
2:30			8:30		
3:00			9:00		
3:30			9:30		
4:00			10:00		
4:30			10:30		
5:00			11:00		
5:30			11:30		

Resident Name: _____ Date & Time Monitoring Began: _____

VISUAL CHECK SHEET (continued)					
Time	Resident Location	Signature	Time	Resident Location	Signature
12:00			6:00		
12:30			6:30		
1:00			7:00		
1:30			7:30		
2:00			8:00		
2:30			8:30		
3:00			9:00		
3:30			9:30		
4:00			10:00		
4:30			10:30		
5:00			11:00		
5:30			11:30		
6:00			12:00		
6:30			12:30		
7:00			1:00		
7:30			1:30		
8:00			2:00		
8:30			2:30		
9:00			3:00		
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10:30			4:30		
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12:30			6:30		
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4:00			10:00		
4:30			10:30		
5:00			11:00		
5:30			11:30		

GUIDELINE

Exit Seeking Profile

PURPOSE To provide documentation of resident characteristics, which will aid staff and ancillary personnel in a search effort.

PROCEDURE

1. Based on the findings from the *Exit-Seeking Assessment* an *Exit Seeking Profile* will be completed for every resident identified as an elopement risk. The *Exit Seeking Profile* will be reviewed at least annually for the assisted livings and quarterly for the nursing homes for continued accuracy.

2. Obtain a current photograph of the resident and attach to the page.

3. Determine the significant physical characteristics of the resident and record. Physical characteristics may include but are not limited to: hair or eye color, gait variances, or physical disability.

4. Record the home, work and cell phone numbers of the resident's responsible party.

5. Record medical information that will be important in the event the resident is absent from the facility. This information may include critical medications, particular behaviors, or diagnoses, which may be impacted by absence from the facility.

6. Record other pertinent information that will be helpful to searchers or rescuers in returning the resident to the facility. If the resident is cognitively impaired, include any approaches that the facility has found to be helpful in redirecting the resident.

EXIT SEEKING PROFILE

Resident Name _____ Room Number _____

Insert Resident
Photo Here

Physical Description

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Distinguishing Characteristics: _____

_____

Responsible Party: _____

Phone #'s: Day _____ Evening _____

Pertinent Medical Information

Medications: _____

Diagnosis: _____

Behaviors: _____

Special Needs: _____

Approaches the facility has found to re-direct Resident: _____

_____

_____

_____

_____

Elopement Risk Assessment

Resident Name: _____ Room Number: _____

RESIDENT RISK FACTORS		Admission Date	Review Date	Review Date	Review Date	Review Date
Resident is Bedfast: If the answer is yes, no further assessment is needed. Check (✓) the box yes and sign and date assessment below		❑ Yes	❑ Yes	❑ Yes	❑ Yes	❑ Yes
Resident Current Status and History		**Points**	**Points**	**Points**	**Points**	**Points**
• Resident exhibits no wandering or exit seeking behaviors	0					
• Resident has repetitive movement: pacing, rocking motion, etc.	1					
• Resident follows staff, visitors, or other residents	2					
• Resident wanders due to short attention span and inability to participate in activities for any period of time	3					
• Resident is an exit-seeker	4					
Cognitive Status						
• No cognitive impairment	0					
• Mild cognitive impairment	1					
• Moderate cognitive impairment	2					
• Moderately severe cognitive impairment	3					
• Severe cognitive impairment	4					
Physical Status						
• Extensive to total assistance	1					
• Mobile with wheelchair	2					
• Ambulatory with device (walker, cane) or assistance	3					
• Ambulatory	4					
Previous Exit Attempts						
• No attempts	0					
• No attempts but capable	1					
• Attempts but not successful	2					
• History of Successful attempts (prior to and/or since admission)	3					
Behavior Challenges						
• No behavior problems	0					
• Infrequent behavior problems	1					
• Behavior problems easily re-directed or managed	2					
• Agitation, aggression, not easily managed	3					
KEY: Moderate to High Risk: ≥ 10 Low Risk: ≤ 9	**POINTS TOTAL**					

_____ _____
Signature of Nurse Completing Assessment *Date*

_____ _____ _____ _____
Review Completed By *Date* *Review Completed By* *Date*

_____ _____ _____ _____
Review Completed By *Date* *Review Completed By* *Date*

Elopement Risk Education

Resident Name: _____ Date: _____

Physician: _____ Room #: _____

_____ (Resident) has been assessed as having medical symptoms which place him/her at high risk for elopement from the facility and it is important for the resident and responsible party to understand what that assessment is likely to mean to them.

Below is information about the risks of elopements in the elderly population in general, as well as specific information about _____, including ways in which the resident and family can help to reduce the risk of injury due to elopement.

General Risk Factors

An elopement is when a cognitively impaired resident leaves the facility without knowledge of the facility and proper supervision.

- Residents at risk for elopement may successfully exit a facility in ways that are not immediately detectable by staff. For example, a resident may follow another visitor out of the facility, or a door alarm or secure system may fail due to loss of power or mechanical failure.
- Residents who elope may find themselves in unsafe environments such as busy streets, vacant lots, forested areas, or in the presence of strangers. As a result, significant injury to the resident or even death may occur as the result of an elopement.

Resident Risk Factors

The resident has been assessed as having the following conditions that put him/her at high risk for elopement:

_____

_____

_____

The facility staff requests, and the resident and responsible party agrees, to report to facility staff all information regarding changes in condition, including, but not limited to, changes in mood, personality, circumstances, awareness, etc., that may contribute to the resident's risk for elopement.

The facility also requests that the responsible party/family members inform the facility per its policies at any time the resident leaves that facility with the responsible party/family members for outings, and that is be informed of any and all family events such as funerals, weddings and celebrations that may cause the resident to try and leave the facility unsupervised in order to attend them.

Care Planning

Traditions has implemented a care plan which is designed in part to reduce the risk that the resident could successfully elope from the facility. At this time, these interventions include, but are not limited to, the following, which is periodically updated by Traditions:

_____

_____

_____

_____

_____

The facility staff requests, and you and your family members agree, to report immediately to facility staff all information regarding changes in condition, including, but not limited to, changes in mood, agitation, personality, mental status, personal circumstances, etc., that may contribute to the resident's risk for elopement.

Acknowledgement

Even with these interventions, due to the resident's condition, the resident and family acknowledge resident's risk for elopement, and that he/she may be able to find routes to leave the facility that cannot be anticipated and are difficult to discover during facility recovery efforts. The facility does not provide continuous one-to-one care, and white Traditions will take reasonable measure to try and prevent the resident from eloping, the facility cannot guarantee the resident's safety. By signing this form, we acknowledge that we understand that the resident is at a high risk for elopement, and that is he/she elopes, he or she may suffer significant injury.

I HAVE DISCUSSED THE CONTENTS OF THIS DOCUMENT WITH _____.
I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THIS DOCUMENT.

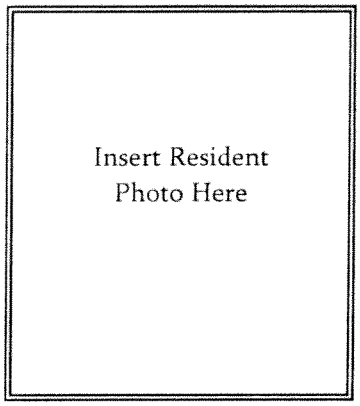
_____ _____
Resident's Signature *Date*

_____ _____
Resident's Legal Representative *Date*

_____ _____
DON/Medical Director/Physician *Date*

Exit Seeking Profile

Resident Name: _____ Room Number: _____



Physical Description

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Distinguishing Characteristics: _____

_____

Responsible Party: _____

Phone #'s: Day: _____ Evening: _____

Pertinent Medical Information

Medications: _____

Diagnosis: _____

Behaviors: _____

Special Needs: _____

Approaches the facility has found to re-direct Resident: _____

_____

_____

_____

_____ _____

Staff Signature *Date*

Resident Name: _____ Date & Time Monitoring Began: _____

★ Document the resident's activity and location every 30 minutes

VISUAL CHECK SHEET					
Time	Resident Location	Signature	Time	Resident Location	Signature
12:00			6:00		
12:30			6:30		
1:00			7:00		
1:30			7:30		
2:00			8:00		
2:30			8:30		
3:00			9:00		
3:30			9:30		
4:00			10:00		
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1:30			7:30		
2:00			8:00		
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3:00			9:00		
3:30			9:30		
4:00			10:00		
4:30			10:30		
5:00			11:00		
5:30			11:30		

Resident Name: _____ Date & Time Monitoring Began: _____

VISUAL CHECK SHEET (continued)					
Time	Resident Location	Signature	Time	Resident Location	Signature
12:00			6:00		
12:30			6:30		
1:00			7:00		
1:30			7:30		
2:00			8:00		
2:30			8:30		
3:00			9:00		
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4:00			10:00		
4:30			10:30		
5:00			11:00		
5:30			11:30		

DAILY WANDERGUARD TESTING LOG

★ Use a separate sheet for each resident. Resident Name: _____

Expiration Date_____ **Month**_____

Day #	Test OK	Tested by
1	❑ Yes	_____
2	❑ Yes	_____
3	❑ Yes	_____
4	❑ Yes	_____
5	❑ Yes	_____
6	❑ Yes	_____
7	❑ Yes	_____
8	❑ Yes	_____
9	❑ Yes	_____
10	❑ Yes	_____
11	❑ Yes	_____
12	❑ Yes	_____
13	❑ Yes	_____
14	❑ Yes	_____
15	❑ Yes	_____
16	❑ Yes	_____
17	❑ Yes	_____
18	❑ Yes	_____
19	❑ Yes	_____
20	❑ Yes	_____
21	❑ Yes	_____
22	❑ Yes	_____
23	❑ Yes	_____
24	❑ Yes	_____
25	❑ Yes	_____
26	❑ Yes	_____
27	❑ Yes	_____
28	❑ Yes	_____
29	❑ Yes	_____
30	❑ Yes	_____
31	❑ Yes	_____

THREE YEAR TRANSMITTER WARRANTY

Transmitters are warranted for three (3) years from date of shipment. If within the three (3) year warranty period a transmitter is not performing to our specification, **CALL** our toll free number (800) 451-7917, **for a TXRA (Transmitter Return Authorization) BEFORE returning any Transmitter.**

A replacement transmitter will be sent **(to complete the end of the original warranty),** along with a postage paid label marked with a Return Authorization number. Simply replace the suspect transmitter with replacement and send it back to Secure Care Products® within 15 days with facility name and address, and the TXRA Number displayed, along with a description of the transmitter problem.

When the transmitter is returned to Secure Care Products®, Inc., it is tested on a system similar to that in the facility to verify that the transmitter is not working to our specifications.

If the transmitter tests properly, and is in good working condition, the facility may be charged a prorated amount up to the original due date, as well as freight charges incurred.

If the transmitter is physically damaged, or has been soaked or washed in alcohol, the facility will be charged the full replacement transmitter charge.

If the suspect transmitter is not returned to us within the 15-day period, the facility will be charged the prorated transmitter amount.

However, if the transmitter is returned within the 15-day period and does not pass our testing procedures there is no charge to the facility for the replacement.

DOCUMENTATION AND TESTING

DAILY TRANSMITTER TESTING

Each day, the aide responsible for the care of the residents utilizing the Secure Care System must ensure that the ankle transmitter is in place. This **must be done at each shift change**. Documentation of this check should be made by the nurse's aide. This should be recorded on the aide's daily checklist for the particular resident. Each transmitter should be tested **daily** to ensure working properly. Date imprinted transmitters should be checked for expiration date at this time. The #707 test is available to purchase for fast, easy testing of all transmitters.

A documented test of each ankle transmitter at the facility must be made **each day**. This testing should also include those transmitters not currently in use. The procedure involves using the #707 transmitter tester and/or the exit panel on the wall by the exit, and documenting the performance of the transmitter.

Attached is a daily transmitter testing log, which you may find useful.

Emergency Physician Care

POLICY

The facility will ensure that physician services are available at all times to provide necessary resident care. This includes provisions for emergency care when needed.

PROCEDURE

1. Provide written protocols which are available at each nurse's station that provide for having physician "call rosters" in the event of emergencies, etc. The written protocols will be easily accessible and obvious to the staff.

2. Contact the facility's Medical Director or his/her alternate in the event physician services are required and the attending physician cannot be reached.

Employment of Family as Caregiver

(Assisted Living Medicaid Waiver Only)

POLICY

Traditions facilities who accept Medicaid waiver residents will adhere to OAC 173-39-02 (B) (5) regarding relatives not caring for Medicaid waiver residents.

PROCEDURE

1. Traditions employees who provides direct care duties will inform the Director of Nursing/Designee during new employee orientation of any relative who is a Medicaid waiver resident at the facility.

2. Staff who are a parent, step parent, or spouse to a Medicaid waiver resident will not be assigned to care for the resident.

Experimental Research and Investigative Projects

POLICY

The resident has the right to participate or not to participate in research, investigation, or clinical trials. Traditions respects and protects the resident rights during research, investigation, or clinical trials involving human subjects.

PROCEDURE

1. Assure that the resident's involvement in any form of investigative, experimental, or other research project/process will never be a condition of admission to the facility.

2. Assure that if such research or experimentation is voluntarily agreed to by any resident, they will be apprised of protocols, risks, etc. by the involved agency/physician and their attending physician in concert with the facility's Continuous Quality Improvement Committee.

    - Physician will document the same in the progress notes.

3. Assure the nursing staff and other applicable clinicians are aware of the resident's involvement with and experimental research and how to support/apply.

4. Assure the nursing staff and other applicable clinicians are aware of the risks associated with the experimental research/investigation.
    - Enter the risks and interventions on the Interdisciplinary Plan of Care.

5. Any outside group wishing to conduct research, investigation, or clinical trials must receive Administrator and NCR Corporate Executive team review and approval prior to any research beginning. Resident rights will be maintained at all times during any such research project conducted.

FUNCTIONAL ASSESSMENT

Rate the resident on a scale of 1 to 5 with 1 being most independent.

Resident Name:	Room # DATE:				
FUNCTION	**LEVEL OF FUNCTIONING**	**SCORE**	**SCORE**	**SCORE**	**SCORE**
BATHING (washing body)	(1) Independent – no assistance required in bathing – uses assistive/adaptive devices (shower stool, handrails, etc.) (2) Preparation needed of bath water and/or bathing articles (soap, towels, washcloth, etc.), individual can wash self. Staff not present during bathing. (3) Minor assistance into/out of tub/shower for safety reasons or unsteadiness. Staff present during bathing. (4) Moderate assistance needed – individual is able to wash face and hands only. (5) Total assistance needed with preparation, helping individual in and out of tub, complete washing and drying of the body.	_____	_____	_____	_____
HYGIENE (and grooming)	(1) Independent. (2) Cueing/reminding to bathe, shave, comb hair, clip nails, brush teeth, etc. (3) Minor daily assistance such as preparation of grooming materials, etc. (4) Moderate physical assistance, such as steadying of hands when shaving or combing hair, clipping nails, brushing teeth. (5) Total assistance required in washing, combing hair, clipping nails, brushing teeth, shaving, etc.	_____	_____	_____	_____
DRESSING (putting on or removing proper clothing)	(1) Independent. (2) Needs occasional help with zippers, button, tying shoelaces, etc. (3) Minor daily assistance with what to wear as well as zippers and buttons. (4) Moderate assistance – puts clothing on or takes clothing off with assistance; needs help with prosthesis. (5) Total assistance required in dressing resident; offers no assistance.	_____	_____	_____	_____
MOBILITY (moving from place to place)	(1) Totally independent – needs no assistance – uses assistive/adaptive devices (wheelchair, walker, etc.) (2) Needs occasional cueing/reminders and/or stand by assistance. (3) Always requires guide or assistance due to physical problems or confusion; requires ambulation device on own. (4) Hand on (x1) assistance for transfers or mobility (ambulating or w/c). (5) Dependent – requires assistance (x2) from bed to chair and vice versa; requires wheelchair for mobility but cannot maneuver without assistance.	_____	_____	_____	_____
MEDICATIONS	(1) Self-administers all medications. (3) May self-administer selective medications per physician order; nursing staff administers all other meds. (5) Requires complete supervision and administration of all meds by staff.	_____	_____	_____	_____